



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 ■ (231) 242-1521



MINOR CHILD/WARD OF THE COURT ADDRESS VERIFICATION FORM
(All minor children 17 and under MUST complete his form.)

- Parents/Legal Guardians must complete this original form AND have it **notarized**.
- This form must be updated every year.
- DO NOT SEPARATE.
- Photocopies or Faxes are not accepted.

I am a Parent or Legal Guardian of _____,

Date of Birth: _____ Tribal Membership #: _____ Social Security #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Home Phone Number: _____

I understand and agree that this child or ward is entitled to receive a per capita distribution check from the net gaming revenues of the Little Traverse Bay Bands of Odawa Indians. I will ensure that these funds are used for the health, education or welfare of my child or ward AND for absolutely no other purpose. I understand that I may be required to submit an accounting of the expenditure of these funds to the Tribe.

Minor children who may be wards of the Tribal Court or any other court of competent jurisdiction will have their checks forwarded to the Tribal Court and the Judge will determine to whom the funds will be disbursed for the child's health, education, welfare, and require such accounting as the Court deems appropriate.

Printed Full Name of Minor Child

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____, on
_____, (month/day), 20 ____ by _____.

Notary Public Signature

Stamp/Seal

My Commission Expires on _____

TO BE COMPLETED BY LTBB STAFF-Do not write below this line.

Copy: Enrollment _____
Office

DOE: _____

Copy: Accounting _____